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| **When To Use This Form** | | | | | | | |
| **Refer to Children's Wisconsin HRPP SOP Manual found on the HRPP website for details.**  When submitting a study in eBridge that engages Children’s Wisconsin (CW), this supplemental form will capture whether you have a financial interest and/or personal relationship with a company, foundation, organization, etc. (“entity”) that is associated with this research (e.g., sponsor, licensee, donor, provider of reagents/equipment/services, etc.) or with the technology to be studied. The Principal Investigator is responsible for identifying whether any members of the study team have a potential conflict of interest to disclose, and if so, to make sure a separate disclosure form is submitted by each individual with the potential interest. If there are no conflicts, then this form should indicate that there are no interests to disclose for the PI or any members of the study team. | | | | | | | |
| **Instructions For Submission** | | | | | | | |
| Complete this form ELECTRONICALLY and upload it in eBridge in Section 52 (or Section 98 for amendments). It will be reviewed by the HRPP analyst and forwarded to the CW COI review committee if appropriate. | | | | | | | |
| **Project Information** | | | | | | |
| Project (PRO) Title: Click here to enter text. | | | | | | |
| Principal Investigator: Click here to enter text. | | | | | | |
| Study team name disclosing interest (if different than PI): Click here to enter text. | | | | | | |
| Contact Email: Click here to enter text. | | Organization and department: Click here to enter text. | | | | |
| Sponsor (or indicate if not applicable): Click here to enter text. | | | | | | |
| **Section 1: Your Financial Interests And/Or Relationships** | | | | | | |
| 1. After reviewing this Disclosure Form and COI section of CW HRPP SOP manual, if no disclosure is applicable, **STOP HERE**, select the statement and upload in the appropriate section of the eBridge application. Choose an item.   If there are interests to disclose, continue on and complete this form for each individual who has an interest. | | | | | | |
| 1. Indicate the name of the entity with which the interest is based: Click here to enter text. | | | | | | |
| 1. Briefly describe the entity’s business and its relationship to this research: Click here to enter text. | | | | | | |
| 1. Indicate your financial interests and relationships that are related to the entity and/or to this research. Check all that apply: | | | | | | |
| Financial Interests and Relationships1 | | Reporting for? | | $ Value in  Prior 12 months? | | Anticipated $ Value in Next 12 Months? |
| Yourself | Family Member2 |
| Lectures, Speakers Bureau | |  |  | Click here to enter text. | | Click here to enter text. |
| Consulting, Advising | |  |  | Click here to enter text. | | Click here to enter text. |
| Scientific Advisor, Scientific Advisory Board | |  |  | Click here to enter text. | | Click here to enter text. |
| Data Safety Monitoring Board/Event Adjudication Committee | |  |  | Click here to enter text. | | Click here to enter text. |
| Management or Executive Position | |  |  | Click here to enter text. | | Click here to enter text. |
| Board Member, Officer, Director | |  |  | Click here to enter text. | | Click here to enter text. |
| Provide Education, CME, develop educational materials | |  |  | Click here to enter text. | | Click here to enter text. |
| Employment, Independent Contractor | |  |  | Click here to enter text. | | Click here to enter text. |
| Intellectual Property Rights (personal ownership) | |  |  | Click here to enter text. | | Click here to enter text. |
| Royalties | |  |  | Click here to enter text. | | Click here to enter text. |
| Gifts >$250 in Value | |  |  | Click here to enter text. | | Click here to enter text. |
| Sponsored or Reimbursed Travel | |  |  | Click here to enter text. | | Click here to enter text. |
| Stock Ownership, Business Ownership | |  |  | Click here to enter text. | | Click here to enter text. |
| Stock Options | |  |  | Click here to enter text. | | Click here to enter text. |
| Other: | |  |  | Click here to enter text. | | Click here to enter text. |
| \*For stock, stock options, and/or business ownership, provide your aggregated interests: | | | | | | |
| # Stock Shares: enter # | # Stock Options: enter # | | | | % Business Ownership: enter # | |

1 Even if the value is zero at this time or anticipated to be zero in the next 12 months or ever, the relationship should still be reported.

2 A family member is defined here as: (1) spouse; (2) dependent child or stepchild; (3) any individual financially dependent on you; and (4) any person with whom you have joint financial interests such that an objective third party could reasonably conclude that your decisions or other exercise of professional responsibilities at Children's Wisconsin could be influenced by the effect of the action on your financial interest.

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| 1. Describe how your financial interests and/or relationships might have the potential to affect, or be affected by, this proposed research: Click here to enter text. |
| **Section 2: Other Financial Interests** |
| Do any employees or trainees who will work on this project AND report to you have any financial interests or personal relationships that are related to this entity or to the research? Choose an item.  If **YES**, a disclosure form must be completed and submitted for each individual with a potential COI. |
| **Section 3: Intellectual Property** |
| 1. Does this research involve the use, study, or validation of any intellectual property (e.g., patents or patent applications, inventions, discoveries, devices, licenses, copyrights of software or educational materials)? Choose an item. |
| 1. If YES, who holds the rights and/or licenses to the intellectual property?   I am uncertain who holds the rights and/or licenses.  I and/or a family member2 personally own the intellectual property rights.  The entity described in this disclosure.  Another commercial entity (describe): Click here to enter text.  MCW/CW  Another institution of higher education (describe): Click here to enter text. |
| **Section 4: Manufacture Or Commercialization Of Research Related Items** |
| Will the entity manufacture and/or commercialize any drug, device, procedure, software, educational material, or other item associated with this research or that will result from this research? Choose an item.  If **YES**, please describe: Click here to enter text. |
| **Section 5: Qualifications** |
| Describe why you believe you should participate in the study given your potential financial conflict of interest and your specific unique qualifications (e.g., investigator expertise, institutional resources, access to particular patient populations, nature of the science, level of risk in the study): Click here to enter text. |
| **Section 6: Your Role(s) In The Research** |
| 1. Did you design the research? Choose an item.   If **YES**, describe: Click here to enter text. |
| 1. Will you collect the data? Choose an item.   If **YES**, describe: Click here to enter text. |
| 1. Will you analyze and/or interpret the data? Choose an item.   If **YES**, describe: Click here to enter text. |
| 1. Will you write reports? Choose an item.   If **YES**, describe: Click here to enter text. |
| 1. Will you publish or present the research? Choose an item.   If **YES**, describe: Click here to enter text. |
| 1. Will you identify and/or adjudicate adverse events? Choose an item.   If **YES**, describe: Click here to enter text. |
| 1. Will you participate in any portion of the informed consent process? Choose an item.   If **YES**, describe: Click here to enter text. |
| **Section 7: Existing Management Plan** |
| 1. Do you have an existing Management Plan for your financial interests indicated in this disclosure? Choose an item.   If **YES**, please review your Management Plan and describe how the research represented in this disclosure could be managed by your existing plan, or if you feel additional safeguards might be required to ensure objectivity in the design, conduct, or reporting of the research: Click here to enter text. |
| **Certification** |
| **By submitting this form into eBridge, I certify the following:**   * I understand that I am responsible for complying with the CW *Research - Conflict of Interest Policy* found on the Children's Wisconsin Connect under Practice and Policy. * If this is a new disclosure of a financial interests and/or personal relationship, I understand that Children's Wisconsin may implement a Management Plan to eliminate or manage actual or perceived conflicts of interest in the research, and I must comply with any such Plan. This may be in addition to any MCW Management Plan imposed. * I agree to notify the Children's Wisconsin HRPP within 30 days of any changes in this disclosure. * I understand that this research may not be initiated, nor may any funds be expended on this research until the Children's Wisconsin COI review committee determines that either no conflict of interest exists or approves a Management Plan. * The information provided in this disclosure is true and correct to the best of my knowledge. |